

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/573511

FILING DATE

ATTORNEY

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								51					
3								53					
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47								97					
48								98					
49								99					
50								100					
TOTAL REQ.			2		2			TOTAL REQ.			2		
TOTAL DEP.			1		1			TOTAL DEP.			1		
TOTAL CLAIMS			3		3			TOTAL CLAIMS			3		

BEST AVAILABLE COPY